#### A Substance Abuse Voucher Program in Operation

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**Access to Recovery Regional Technical Assistance** 

## City of Albuquerque Treatment Voucher System

- Context of treatment system includes:
  - Good intake and referral process
  - Electronic MIS for assessment, referral, client and service tracking, reporting
  - Large enough network of treatment providers: appropriate matching of client to site
  - Treatment standards to insure quality
  - Regular onsite admin and clinical reviews

#### Intake and Referral Process

- Albuquerque Metropolitan Central Intake (AMCI)
  - Single point of entry to substance abuse treatment for income-eligible metro-Albuquerque residents
  - Adults and adolescents
  - By appointment or walk-in
  - Staff:
    - Director
    - Six intake and assessment counselors
    - One clinical supervisor
  - Additional medical unit and IT staff

## Intake and Referral Process (cont'd)

- Request for services initiates client data record (demographics, referral sources)
- Coordination with assessment referral sources
  - Provides collateral data for assessment
  - Data sharing
  - Access to appointment scheduling
- Counselor determination: Is client appropriate for assessment?

## Intake and Referral Process (cont'd)

- If appropriate for assessment:
  - Review of client rights, responsibilities, confidentiality assurances
  - Online comprehensive clinical assessment (ASI)
  - Level of care determination (ASAM criteria)
  - Objective, unbiased referral for placement appropriate to client needs

## Intake and Referral Process (cont'd)

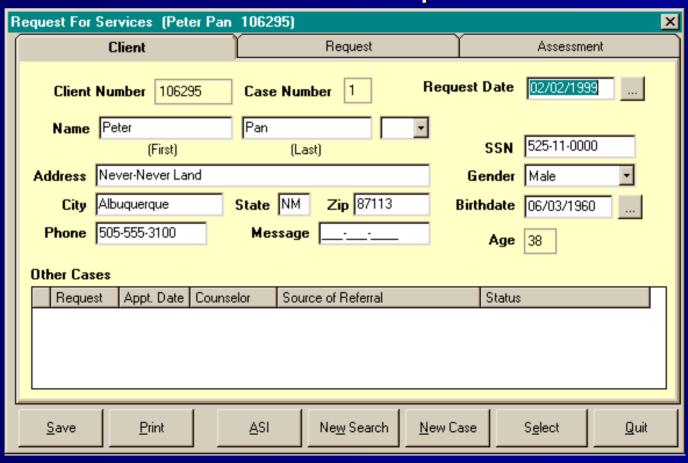
- If appropriate for assessment:
  - Assessment Counselor generates voucher for substance abuse services at level of care
  - If client accepts referral, information exchange between AMCI and treatment provider

#### Electronic MIS: Central Intake

- Critical to central intake
- Legacy of Target Cities grant
- IT unit at AMCI built on five objectives:
  - Identify clients upon referral
  - Support assessment process and treatment referral
  - Collect information regarding admission, course of treatment, and discharge from providers
  - Support City of Albuquerque's treatment voucher subsidy program
  - Provide data for regular and ad hoc management and monitoring reports

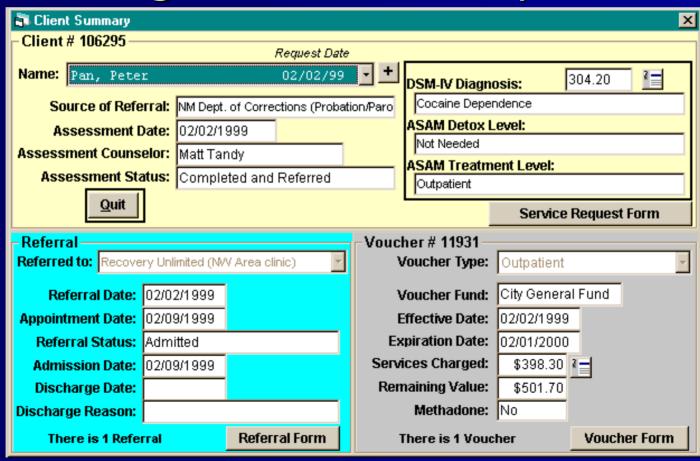
#### Electronic MIS: IT Mission

Client identification and unique client numbers

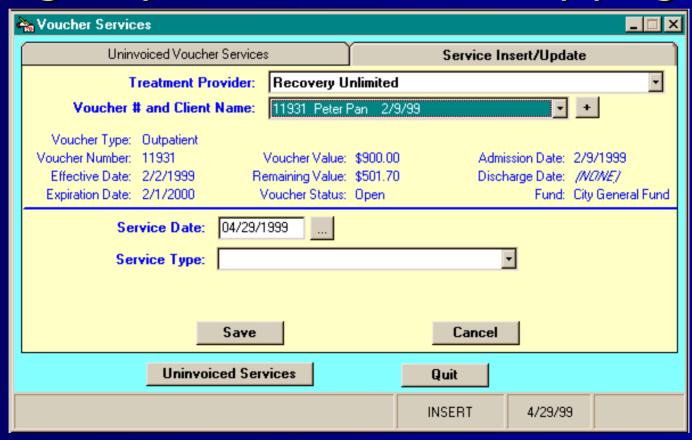


- Assessment and referral data in the automated client system
  - Entire ASI interview conducted on-line
  - DSM IV diagnosis, level of treatment need (ASAM categories), need for detox, referrals entered into client record
  - With client consultation, community provider is selected; referral to provider
  - Referral and appointment data are entered in client record

#### Collecting information from providers



Eligibility for treatment subsidy program



- Provision of data for regular and ad hoc management reports
  - Facilitates AMCI reporting to internal management and institutional sponsors
  - IT unit produces quarterly reports on intake and assessment activities for City of Albuquerque
  - Automatic generation of voucher program reports (value of services charged and invoiced, financial activity across contracted providers)
  - Built in client-level reports accessible to clinical AMCI personnel and providers

### **Electronic MIS Features for Voucher Program**

- Offers provider tracking of subsidized services
- Updates of remaining voucher values for provider's eligible clients
- Collects cumulative information on charges pending invoicing to the City of Albuquerque
- Tracks charges against each allocated fund used for treatment subsidies
- Produces invoices on behalf of participating providers

#### Electronic MIS: Structure

- Structure of AMCI's IT environment
  - In-house Local Area Network (LAN)
  - Wide Area Network (WAN)

#### Electronic MIS: Confidentiality

- Safeguarding client confidentiality
  - 1. Secure usernames and passwords
  - 2. Single secure-site storage of client info
  - 3. Application-only access to client info
  - 4. Single and separate storage of client ID's

#### Network of Treatment Providers

- City had to expand number of treatment providers to:
  - Increase variety of services
  - Offer client choice
- Published request for information
  - Determined interest and capability of existing providers and for-profit treatment organizations

#### Network of Treatment Providers (cont'd)

- City issues application with minimum provider requirements
- New outcome reporting requirement for FY 05 (four outcome measures)
- Provider agreements
  - No guarantee of referrals
  - Provider agrees to accept AMCI referrals
  - Agreement to Albuquerque minimum standard for substance abuse treatment
  - Agreement to units of services and rates established by City

#### Minimum Treatment Standards

- Consultant assistance to city's Office of Substance Abuse Programs (OSAP) to develop minimum substance abuse treatment standards
- Participation by non-profit and for-profit treatment providers
- Standards for each treatment modality implemented in 1997, revised in 2002
- All providers must abide by the Standards

#### Accountability and Quality Assurance

- Well-established monitoring process in place for social services
- Yearly administrative and clinical reviews to ensure that standards are being met
- Verification of provision of claimed services
- Corrective actions noted(i.e., due date for provider response)
- Follow-up visits and technical assistance

# Operational Problems Encountered and Lessons Learned

1. Physical access (location and transportation) to a central intake unit can be a problem

2. Adequate training required for central intake staff in philosophy of objective and unbiased referral and client choice

# Operational Problems Encountered and Lessons Learned (cont'd)

- 3. Staff at central intake unit must be kept updated and well-informed of each provider's status and services provided
- 4. Sufficient maintenance of the electronic MIS at both central intake and provider sites necessary

# Operational Problems Encountered and Lessons Learned (cont'd)

5. Adequate information technology staffing

6. Encourage providers to collaborate with each other

# Operational Problems Encountered and Lessons Learned (cont'd)

- 7. Find qualified providers and staff
- 8. Provision of professional development and training

9. Find resources to ensure compliance with standards